



**Residential Plans Examiner Review Form For  
HVAC Load Calculations and Duct System Design**

**City of Hampton, VA**

Contractor / Engineer: \_\_\_\_\_

Master Mechanical

Tradesman Number : \_\_\_\_\_

Project Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED ATTACHMENTS**

Manual J1 Form (with worksheets A & B) \_\_\_\_\_

Manual J1AE Form (with worksheets A & B) \_\_\_\_\_

Manual D Friction Rate Worksheet \_\_\_\_\_

Duct Distribution System Layout/sketch \_\_\_\_\_

(cfm per diffuser size)

Proposed Equipment Model Numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HVAC System Design Criteria**

(ICC-IRC M1401.3)

**Design Conditions**

Winter Design

Degrees Farenheight

Outdoor: \_\_\_\_\_ 22 ° F

Indoor: \_\_\_\_\_ 72 ° F

Total Heat Loss \_\_\_\_\_ Btu/h

Summer Design

Degrees Farenheight

Outdoor: \_\_\_\_\_ 92 ° F

Indoor: \_\_\_\_\_ 75 ° F

Sensible Heat Gain \_\_\_\_\_ Btu/h

Latent Heat Gain \_\_\_\_\_ Btu/h

Total Heat Gain \_\_\_\_\_ Btu/h

**General Building Information**

Orientation(front door faces) \_\_\_\_\_

(North, East, West, South, Northeast, Northwest, Southeast, Southwest)

Number of Bedrooms: \_\_\_\_\_

Floor area (square feet) \_\_\_\_\_

Number of Occupants: \_\_\_\_\_

Envelope Tightness Estimate \_\_\_\_\_

(Tight, Semi-tight, Average, Semi-loose, Loose)

Window Type

Insulation R-Values **Attic R-38 Wall R-13 Flr R-19**

System Type: **RTU Split PKG**

Eave Overhang Depth \_\_\_\_\_ Ft.

Number of Skylights: \_\_\_\_\_

System Cooling Btu/h: \_\_\_\_\_

System Heating Btu/h: \_\_\_\_\_

SEER: \_\_\_\_\_ EER: \_\_\_\_\_ HSPF: \_\_\_\_\_ COP: \_\_\_\_\_ AFUE: \_\_\_\_\_

**HVAC DUCT DISTRIBUTION SYSTEM DESIGN**

(ICC-IRC M1601.1)

Design Airflow \_\_\_\_\_ CFM # Supply Air Grilles \_\_\_\_\_ #Return Air Grilles: \_\_\_\_\_

Equipment Design ESP \_\_\_\_\_ IWC

OEM Blower tables

Total Device Pressure Losses \_\_\_\_\_ IWC

Cumulative total of dampers, registers, filters, etc.

Available Static Pressure(ASP) \_\_\_\_\_ IWC

Equipment Design ESP-Total Device Pressure Losses

**Total Effective Length (TEL)**

Supply \_\_\_\_\_ Ft.

Return \_\_\_\_\_ Ft.

Total(TEL) \_\_\_\_\_ Ft.

Friction Rate (ASPx100) \_\_\_\_\_ = \_\_\_\_\_ IWC  
TEL

Duct Material: \_\_\_\_\_

Sheetmetal, Lined metal, Ductboard, Flex (ducts marked by type)

I declare the load calculation, equipment selection and duct distribution design is accurate and rigorously performed to the best of my ability. I understand the claims made on these form will be subject to inspection and verification.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor/Engineer's Signature \_\_\_\_\_